

**REQUEST TO CHANGE BENEFIT PLAN FORM**  
***for CONTRACT EMPLOYEES ONLY***



**IMPORTANT NOTICE: YOU MUST COMPLETE THIS FORM IF YOU WOULD LIKE TO PARTICIPATE IN FHDA BENEFITS PROGRAM 2011/2012 PLAN YEAR. YOUR BENEFIT ELECTIONS WILL NOT ROLL OVER FROM PREVIOUS YEAR.**

**Welcome to Open Enrollment plan year 2011/2012!** If you or your dependents are not currently enrolled for health benefits, now is your opportunity. During open enrollment, you may switch between the Medical plan options, or add/drop coverage for you or your family members. Enrollment changes will be effective July 1, 2011 through June 30, 2012. Open Enrollment is the only time to make changes unless you have a qualifying change in family status. The occurrence of a "qualifying event" (birth, marriage, adoption) will allow you to enroll dependents outside of Open Enrollment. See notice of special enrollment rights on the Annual Legal Notices page.

If you would like to PARTICIPATE in FHDA BENEFITS PROGRAM 2011/2012 plan year, you must complete this form. Please ✓check the box next to the desired benefit plan and complete the personal information below. Your election will be effective from July 1, 2011 – June 30, 2012. Below are the benefit plan selection and premium for plan year 2011/2012, **effective July 1, 2011.**

✓CHECK DESIRED OPTION	BENEFIT PLAN SELECTION FOR PY 2011/2012	MONTHLY PREMIUM FOR EMPLOYEE ONLY	MONTHLY PREMIUM FOR EMPLOYEE + ONE DEP*	MONTHLY PREMIUM FOR EMPLOYEE + 2 or More DEP*
<input type="checkbox"/>	KAISER/EAP/DENTAL/VISION	\$48.00	\$96.00	\$144.00
<input type="checkbox"/>	EPO/Rx/EAP/DENTAL/VISION	\$48.00	\$96.00	\$144.00
<input type="checkbox"/>	PPO/Rx/EAP/DENTAL/VISION	\$120.00	\$240.00	\$360.00

\*For domestic partners and their children that do not qualify as dependents under Section 152 of the Internal Revenue Code, premiums associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any Foothill DeAnza Community College District contributions made on behalf of your domestic partner will be imputed as income to the employees.

**The effective date of medical coverage for all changes made during this Open Enrollment will be July 1, 2011. Please note all changes must be made in writing and documentation for new dependents (such as birth/marriage certificates and copy of the Social Security Card) must be provided to the Plan within the deadline in order to be effective July 1, 2011.**

**NOTE: Please return this form to BENEFITS UNIT, HR Dept. by the Deadline of Friday, April 29, 2011. 5pm or fax it to 650-949-2831, pdf/email to: [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu).**

**(OVER)**

Open Enrollment begins March 30, 2011 and ends on April 29, 2011. Your benefit election will be effective from plan year July 1, 2011 – June 30, 2012.

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**If you wish to participate in the FHDA Benefits Program for PY 2011/2012, you must complete and sign this form.**

EMPLOYEE NAME \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please mail or return the completed form  
to the District by Friday, April 29, 2011 @ 5:00pm**

**Foothill - De Anza Community College District**  
**Attn: BENEFITS UNIT**  
**12345 El Monte Rd**  
**Los Altos Hills, CA 94022**  
**Fax # (650) 949-2831**  
**PDF/Email: [MyBenefits@fhda.edu](mailto:MyBenefits@fhda.edu)**